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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 701586-053651 | | JUIN 2 |
|---|-----------------------|--|------------------------------------|-----------------------------------|
| CERTIFICATE OF TRANSMISSION [37 CFR 1.8(b)] | In re Application of | | | |
| I hereby certify that this correspondence is being transmitted to The United States Potentiand Trademark of free Wird Stop AF via facsimile at (671) 2/13-8200 for other 12, 2011. Signature: Name: Megan L. Stembricke | CANTOR, et al. | | | |
| | Application Number | | Filed | |
| | 10/759,519 | | 01/16/2004 | |
| | For | | | |
| | HAPLOTYPE ANALYSIS | | | |
| | Group Art Unit | Group Art Unit Examiner | | |
| | 1634 | KAPUSHOC, S. T. | | |
| Applicant hereby appeals to the Board of Patent examiner. The fee for this Notice of Appeal is (37 CFR 1.17) | | ferences : | from the decisi | on of the \$ 500.00 |
| Applicant claims small entity status. See 37 | | fore the t | ee · | <u> </u> |
| shown above is reduced by half, and the resu | | , | | \$ <u>250.00</u> |
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| Payment by credit card. Form PTO-2038 is: | attached. | | | |
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| The Commissioner is hereby authorized to cl any overpayment to Deposit Account No. 50 copy of this sheet. | | | | credit |
| A petition for an extension of time under 37 | CFR 1.136(a) (PT | O/SB/22 |) is enclosed. | |
| WARNING: Information on this form make included on this form. Provide credit of | | | | |
| I am the □ applicant/inventor. | | Je | Signature | EDIS |
| assignee of record of the entire interest. 3.71. Statement under 37 CFR 3.73(b) is (Form PTO/SB/96) | | | | |
| attorney or agent of record Ronald | 1. Eisenstein (Reg.) | |)/Leena H. Kart yped or printed | tunen (Reg. No. 60.335) I name |
| attorney or agent acting under 37 CFR 1 Registration number if acting under 37 CFR 1.34(a | | <u>-</u> · | June 22, 20 | |
| NOTE: Signatures of all the inventors or assignees of re multiple forms if more than one signature is required, se | | est or their | representative(s) a | ire required. Submit |
| Total of forms are submitted. | | | | |

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